

S. No. 2
M-9-4-41
5-17-39
I X29482

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED MAY 24 1943
93

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17712
Registrar's No. 72

Registration District No. 93

Primary Registration District No. 4154

1. PLACE OF DEATH:

(a) County Holade
(b) City or town Springfield mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Henry Haley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race colored 6. (a) Single, widowed, married divorced, widowed
6. (b) Name of husband or wife Minnie Haley 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
unknown hr. min.

9. Birthplace unknown (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name Jim Haley
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Liza Haley
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Josia Haley
(b) Address Springfield mo
17. (a) Burial (b) Date thereof 4-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield mo

18. (a) Signature of funeral director Ralph Allison
(b) Address Springfield mo
19. (a) Apr 15/43 (b) Phyllis Lack (If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Holade
(c) City or town Springfield mo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 3 minute a.m.

21. I hereby certify that I attended the deceased from 1-1- 1943 to 4-11 1943
that I last saw him alive on 4-10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Arteriofibrosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92k

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature TJ Drisdel (M. D. or other) MD
Address Springfield, mo Date signed 4-14-43

RECEIVED

District Health Officer No. 6,

District File Number 543-641

Date Filed MAY 20 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed

R. L. Harnischfeld

Licensed Embalmer No. 3234

P. O. Address Lock Haven, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.